Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

# Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UHLC-126122406 State: ArkansasLH
TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 42206

Standard Plans

Sub-TOI: MS05G.001 Plan A Co Tr Num: LA19833 (3/09) State Status: Under Review Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

Author: Tammy Frederick Disposition Date: 05/07/2009

Date Submitted: 04/21/2009 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## **General Information**

Project Name: Agent Lead Gen: Value Campaign Status of Filing in Domicile: Pending

Project Number: LA19883 (3/09)

Requested Filing Mode: File & Use

Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Large

Overall Rate Impact: Group Market Type: Association

Filing Status Changed: 05/07/2009 Explanation for Other Group Market Type:

State Status Changed: 05/06/2009

Deemer Date: Corresponding Filing Tracking Number:

LA19883 (3/09)

Filing Description:

Enclosed for your information and review are proof copies of advertising material for use in connection with the AARP group health insurance program "AARP Health Care Options". This advertising is new and does not replace any material previously submitted to the Department.

"The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1,

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

as well as the statement ".....not connected with, or endorsed by, the U.S. Government or the federal Medicare program" can be found on BA8982 DIS AR (02/06) which was approved by the Department on 3/20/06 under the Department's File No: 30566.

MEDICARE SUPPLEMENT

AGENT LEAD GEN: VALUE CAMPAIGN

2009

LA19883 (3/09) LETTER AS701 (2/09) PRINT AD

AS715 (3/09) PRINT AD

CA1863 (2/09) SELF MAILER

METHOD OF MARKETING FOR ABOVE MENTIONED COMPONENTS:

LA19833 (3/09) - DIRECT MAIL

AS701 (2/09) - POSTED AT COMMUNITY CENTERS AND/OR SENT THROUGH THE MAIL TO MEDICARE BENEFICIARIES

AS715 (3/09) - SMALL AD WILL BE PLACED BY LICENSED AGENTS IN LOCAL NEWSPAPERS

CA1863 (2/09) - DIRECT MAIL

# **Company and Contact**

### **Filing Contact Information**

Susan Cipollo, Director

Susan\_J\_Cipollo@uhc.com

680 Blair Mill Rd.

(215) 902-8444 [Phone]

Horsham, PA 19044

(215) 902-8813[FAX]

**Filing Company Information** 

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 42206

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

450 Columbus Boulevard Group Code: 707 Company Type: Life and Health

PO Box 150450

Hartford, CT 06115-0450 Group Name: State ID Number:

(860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

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Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

# **Filing Fees**

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: 25.00 per form. 4 forms

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

UnitedHealthcare Insurance Company \$100.00 04/21/2009 27308529

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/07/2009	05/07/2009

#### **Amendments**

Item	Schedule	Created By	Created On	Date Submitted
LETTER	Form	Tammy Frederick	05/05/2009	05/05/2009
PRINT AD	Form	Tammy Frederick	05/05/2009	05/05/2009
PRINT AD	Form	Tammy Frederick	05/05/2009	05/05/2009
SELF	Form	Tammy Frederick	05/05/2009	05/05/2009
MAILER				
Filing Notes	•			

Subject	Note Type	Created By	Created On	Date Submitted
Attachments	Note To Filer	Stephanie Fowle	er 05/04/2009	9 05/04/2009

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

# **Disposition**

Disposition Date: 05/07/2009

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

Item Type	Item Name	Item Status	Public Access
Form (revised)	LETTER	Filed	Yes
Form	LETTER		Yes
Form (revised)	PRINT AD	Filed	Yes
Form	PRINT AD		Yes
Form (revised)	PRINT AD	Filed	Yes
Form	PRINT AD		Yes
Form (revised)	SELF MAILER	Filed	Yes
Form	SELF MAILER		Yes

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

**Amendment Letter** 

Amendment Date:

Submitted Date: 05/05/2009

Comments:

Per note to Filer from 5/4/09, I've submitted the forms to the Form Schedule Tab. My apologies for not attaching them before submitting the filing initially.

Thank you for your time.

**Changed Items:** 

CA1863

Advertising SELF

Initial

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number LA19883 (3/09)	Form Type Advertising	Form Name	<b>Action</b> Initial	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments LA19883 (3 09).pdf
Form Sche	dule Item Ch	anges:						
Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AS701 (2/09)	Advertising	PRINT AD	Initial					AS701 (2 09).pdf
Form Sche	dule Item Ch	anges:						
Form	Form	Form	Action	Form	Previous	Replaced	Readability	Attachments
Number	Туре	Name		Action Other	Filing #	Form #	Score	
AS715 (3/09)	Advertising	PRINT AD	Initial					AS715 (3 09)_sm.pdf
Form Schedule Item Changes:								
Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments

CA1863 (2

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 42206

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

(2/09) MAILER 09).pdf

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 42206

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

**Note To Filer** 

Created By:

Stephanie Fowler on 05/04/2009 02:18 PM

Last Edited By:

Stephanie Fowler

**Submitted On:** 

05/07/2009 04:27 PM

Subject:

Attachments

**Comments:** 

It seems that the pieces were not attached to this filing.

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

# Form Schedule

**Lead Form Number:** LA19833 (3/09)

Review	Form	Form Type Form Name	Action	<b>Action Specific</b>	Readability	Attachment
Status	Number			Data		
Filed	LA19883	Advertising LETTER	Initial			LA19883 (3
	(3/09)					09).pdf
Filed	AS701	Advertising PRINT AD	Initial			AS701 (2
	(2/09)					09).pdf
Filed	AS715	Advertising PRINT AD	Initial			AS715 (3
	(3/09)					09)_sm.pdf
Filed	CA1863	Advertising SELF MAILER	Initial			CA1863 (2
	(2/09)					09).pdf



# You want to stay ahead of health care costs. Having a Medicare supplement insurance plan could help.

Dear Friend.

You want to hold on to what's valuable to you — like the savings you've worked so hard to build. Having Medicare supplement insurance could help you stay ahead of health care costs.

One option to consider is an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. These plans (and all Medicare supplement insurance plans) help pay for some of the out-of-pocket expenses not paid by Medicare. One of them could fit your needs.

AARP Medicare Supplement Insurance plans feature:

- Competitive rates
- Excellent service<sup>1</sup>
- A wide variety of plans to meet your needs

And like all Medicare supplement insurance plans, they give you the freedom to choose any doctor who accepts Medicare.

I can help you get the information you need to decide if an AARP Medicare Supplement Insurance Plan is a good fit for you.

# Call today for more information [or join me at a seminar to explore your options].

[Date], [Time] [Location] [Address] [City], [ST] [ZIP] [Date], [Time] [Location] [Address] [City], [ST] [ZIP]

Part D prescription drug plans may be discussed.

Sincerely,

# [Agent Name]

Licensed Insurance Agent Contracted with UnitedHealthcare [1-XXX-XXX-XXXX]
[agentname@e-mail.com]

[optional - agent address]

A UnitedHealthcare® Medicare Solution

UnitedHealthcare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP contracts with insurers to make coverage available to AARP members. Neither AARP nor its affiliate is the insurer. AARP Medicare Supplement Insurance Plans are insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY, for New York residents). **Not connected with or endorsed by the U.S. Government or the federal Medicare program.** Policy form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. **This is a solicitation of insurance.** An agent may contact you. Call to receive complete information, including benefits, costs, eligibility requirements, exclusions, and limitations.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives, or advisors. AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan. LA19883 (3/09)

<sup>&</sup>lt;sup>1</sup> Based on internal 2009 company data. http://www.aarphealthcare.com/statistics.



# You've worked hard to build your savings.

# Having a Medicare supplement insurance plan is one way to stay ahead of health care costs.

# Find out if an AARP® Medicare Supplement Insurance Plan meets your needs.

You want to hold on to what's valuable to you — like the savings you've worked so hard to build. Having Medicare supplement insurance is one way to stay ahead of health care costs. One option to consider is an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. AARP Medicare Supplement Insurance Plans feature:

- Competitive rates
- Excellent service<sup>1</sup>
- A wide variety of plans to meet your needs

And, like all Medicare supplement plans, AARP Medicare Supplement Plans:

- Provide benefits to help cover some of the out-of-pocket costs not paid by Medicare
- Give you the freedom to choose any doctor who accepts Medicare

# Call today for more information [or join me at a seminar to explore your options].

[Date], [Time][Date], [Time][Location][Location][Address][Address][City], [ZIP][City], [ZIP]

Part D prescription drug plans may be discussed.

# [Agent Name]

Licensed Insurance Agent Contracted with UnitedHealthcare

# [1-XXX-XXX-XXXX] [agent@email.com]

[Optional - Agent Address]



### A UnitedHealthcare® Medicare Solution

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<sup>&</sup>lt;sup>1</sup> Based on internal 2009 company data. http://www.aarphealthcare.com/statistics.



#### Medicare Supplement Plans insured by UnitedHealthcare Insurance Company

# Having a Medicare supplement insurance plan could help you stay ahead of health care costs.

- Competitive rates
- Excellent service<sup>1</sup>
- Choose any doctor that accepts Medicare

Call today for more information [or to find out about seminars in your area].

<Agent Name>
<1-XXX-XXX-XXXX>

Licensed Insurance Agent Contracted with UnitedHealthcare

#### A UnitedHealthcare® Medicare Solution

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AS715 (3/09)

<Agent Address>
<City>, <ST> <ZIP>

# Get helpful information to better understand your options.

<Recipient Name>

<Recipient Address>

<Recipient City>, <State> <Zip>



CA1863 (2/09)





You've worked hard to build your savings.

Having a Medicare supplement insurance plan is one way to stay ahead of health care costs.



# Find out if an AARP<sup>®</sup> Medicare Supplement Insurance Plan meets your needs.

You want to hold on to what's valuable to you — like the savings you've worked so hard to build. Having Medicare supplement insurance is one way to stay ahead of health care costs. One option to consider is an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. AARP Medicare Supplement Insurance Plans feature:

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- A wide variety of plans to meet your needs

And, like all Medicare supplement plans, AARP Medicare Supplement Plans:

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- Give you the freedom to choose any doctor who accepts Medicare

Call today for more information [or join me at a seminar to explore your options].

[Date], [Time][Date], [Time][Location][Location][Address][Address][City], [ZIP][City], [ZIP]

Part D prescription drug plans may be discussed.

# [Agent Name]

Licensed Insurance Agent Contracted with UnitedHealthcare

[1-XXX-XXX-XXXX] [agent@email.com]

[Optional - Agent Address]



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<sup>&</sup>lt;sup>1</sup> Based on internal 2009 company data. http://www.aarphealthcare.com/statistics.

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 42206

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

## **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: LA19833 (3/09)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Agent Lead Gen: Value Campaign/LA19883 (3/09)

# **Superseded Attachments**

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	LETTER	04/21/2009	
No original date	Form	PRINT AD	04/21/2009	
No original date	Form	PRINT AD	04/21/2009	
No original date	Form	SELF MAILER	04/21/2009	